

APPLICATION AND AGREEMENT TO PARTICIPATE IN THE
STATE OF NEW JERSEY CASH MANAGEMENT FUND

To Treasurer,
STATE OF NEW JERSEY _____
(date)

The County, Municipality, or School District listed below,
("Participant"), hereby agrees to participate in the State of
New Jersey Cash Management Fund established by N. J. S. A.
52:18A-90.4 and warrants as follows:

1. _____ Telephone No: () _____
(Name) _____
New Jersey

(Address) (City) (County) (Zip)
is organized under the laws of New Jersey and is legally authorized by its governing body to
become a participant in the Fund:

2. The person(s) whose signature(s) appear(s) below are authorized to purchase and sell
participations in the Fund for the account of the participant, and written notification will be
made promptly of any change in the authorized personnel.

3. Any sale or distribution from the Fund by check, draft, wire or otherwise shall be paid by
the Fund to:

(Name of Depository Bank) (ABA Number of Depository Bank)
For credit to the account of:

(Name of Participant) (Account Number at Depository Bank)

4. The participant accepts the terms and conditions of the administration of the Fund as
outlined in the regulations promulgated by the State Treasurer, pursuant to P. L. 1977, c. 281
et seq.

5. A copy of the resolution designating the State of New Jersey Cash Management Fund as a
legal depository is attached.

(Name of County, Municipality,
or School District)

by _____

(Authorized Officer(s))